

AUG 16 1934

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cedar  
Township Box  
City (No. \_\_\_\_\_)

Registration District No. 168  
Primary Registration District No. 5238

File No. 23663  
Registered No. 54  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17-1934</u>		
7. AGE YEARS	MONTHS	DAYS
		11
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>none</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>H. L. Lacey</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Anna M Stroer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>H. L. Lacey</u> (ADDRESS) <u>Colorado Springs, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wright (Cem)</u> DATE <u>7-29</u> 19 <u>34</u>		
19. UNDERTAKER <u>Livingston Siders</u> (ADDRESS) <u>Cedarado Springs, Mo</u>		
20. FILED <u>7/28</u> 19 <u>34</u> <u>W. Dawson</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 28 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17 1934 to July 28 1934  
I last saw him alive on July 27 1934 Death is said to have occurred on the date stated above, at 8 a m.  
The principal cause of death and related causes of importance were as follows:  
Parotid abscess  
115 B 115 C  
Date of onset 7-12-1934

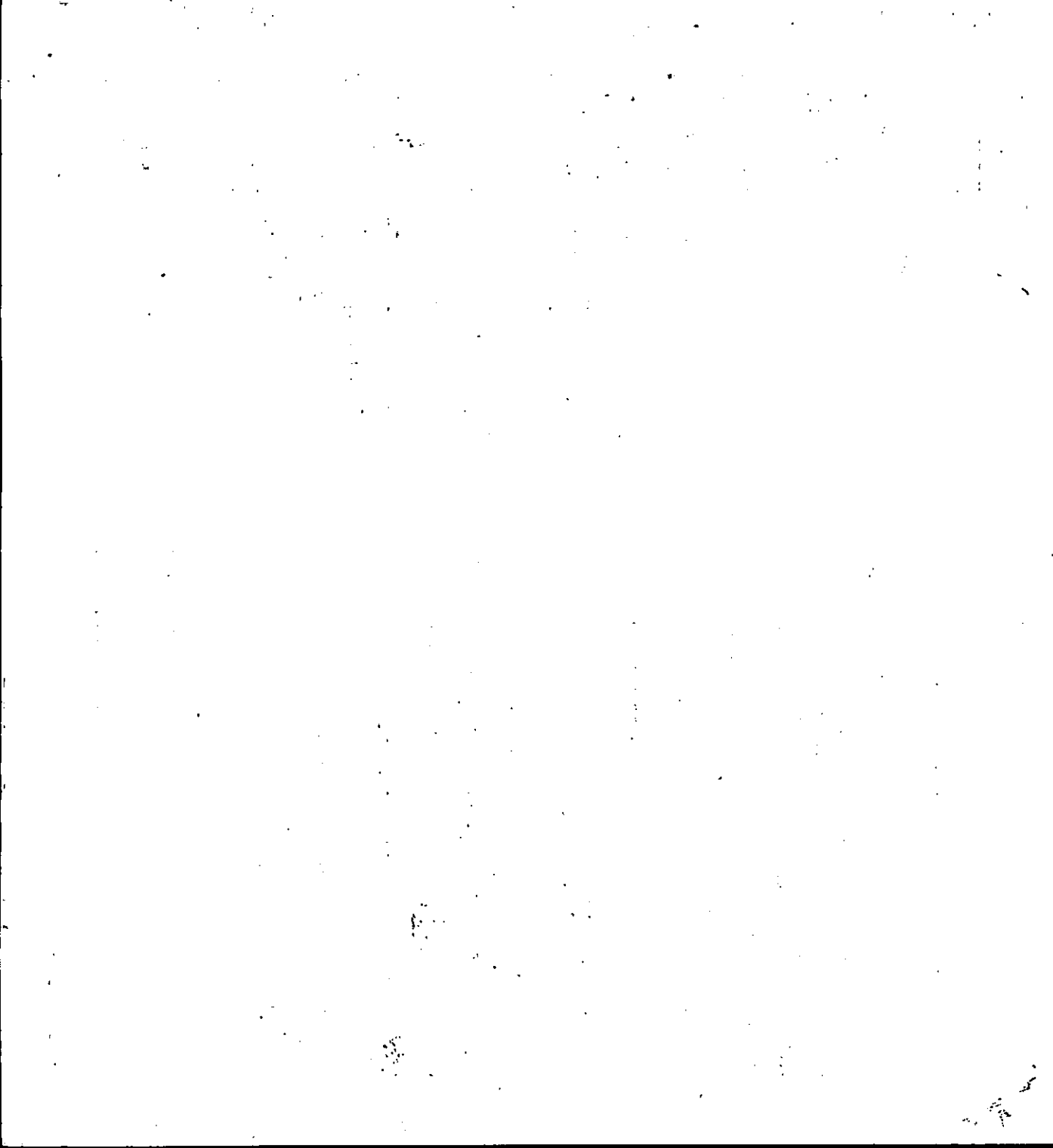
Other contributory causes of importance:  
Born a hairy  
contagion  
with streptococcus

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) L. T. Dunaway, M. D.  
(Address) 11 Colorado Springs, Mo



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cedar

Registration District No. 163

Township .....

Primary Registration District No. 5228

City .....

File No. 23663

Registered No. 54

St. .... Ward .....

2. FULL NAME

(a) Residence, No. ....

St. ....

Ward. ....

Length of residence in city or town where death occurred

yrs. ....

mos. ....

ds. ....

How long in U. S., if of foreign birth?

yrs. ....

mos. ....

ds. ....

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m.

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

S

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

0

MONTHS

0

DAYS

11

If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.....

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.....

10. Date deceased last worked at  
this occupation (month and  
year) .....

11. Total time (years)  
spent in this  
occupation .....

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

FATHER  
MOTHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE .....

DATE .....

19

19. UNDERTAKER  
(ADDRESS)

20. FILED

19

W. Lawson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 28, 19 34

22. I HEREBY CERTIFY That I attended deceased from

....., to ....., 19.....

I last saw him ..... alive on ....., 19..... Death is said

to have occurred on the day stated above, at ....., m.

The principal cause of death and related causes of importance were as follows:

Partial abscess

Date of onset

Other contributory causes of importance:

Name of operation .....

Date of .....

What test confirmed diagnosis? .....

Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .....

Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) .....

M. D.

(Address) .....

Dr R. J. Dunaway says that the disease was  
not tubercular. At the time of the child's birth  
both parents were afflicted with carcinoma, and  
after separating soon after the body also  
he himself was not kept in as clean a condition  
as it might have been.

Williamson Royal Rydman  
12.4-34

39932-S